

Form 641 – Parts A, B & C

**ASHNHA Quarterly Project Budget Summary
& Performance Analysis Reporting Form**

**For All 2009 Denali Commission Approved Projects –
Projects No. 1150 – A through G**

Project Name: Oxygen Generation System

Name of Hospital / Grant Recipient: ASHNHA Program Services Community – Ketchikan
General Hospital

Reporting Period: ***January 1, 2010 through March 31, 2010***

Grant No.: 1150 – A(1)

641-A. Project Budget Summary (provide the following information; use additional pages as necessary):

1. Original Project Budget Information:

a. The *original total* approved project budget:

i. Amount of Denali Commission Grant Award: \$176,049

ii. Amount of Facility Cost Share Match (CSM): \$176,049

iii. Original Total Project Cost [line 1(a)(i) plus line 1(a)(ii)]: \$352,098

2. Actual Project Costs Recorded During the Current Reporting Period:

a. Amount of the Facility's own Project CSM Expended (non-reimbursed expenditures) during the current reporting period:

\$0

b. Amount of Facility funds expended during the current reporting period for which Denali Commission grant funds are being requested this period on Form 642 to reimburse your hospital for its project expenditures: \$0

c. Total amount of project costs recorded during the reporting period, whether expended facility CSM or reimbursement for facility expenditures is being sought (add lines 2a & 2b):

\$0

3. Total Denali Commission Grant Funds Received to Date:

Please report the **total** amount of Denali Commission grant funds **received** (whether received as an advance or as reimbursement for expenses) as of the end of the current reporting period (i.e., the total grant funds received to-date):

\$84,274.38 (Check #1266, dated 11/13/2009)

4. **Total Facility Cost Share Match Funds Expended to Date:**

Please report the **total** amount of hospital funds **expended** (i.e., the hospital's share of the cost of the project for which reimbursement was not and cannot be sought from the Denali Commission) as of the end of the current reporting period (i.e., the total hospital matching funds expended to-date for which you did not seek reimbursement):

\$84,274.39

2. **Project Schedule:**

Please state the anticipated start and end dates of this funded 2009 Denali Commission Primary Care in Hospitals project, and provide a list appropriate milestone dates for the major phases or activities of your project.

Start date: 8/4/2009

End date: Extended to 8/1/2010

Description of Milestone Or Activity	Anticipated Completion Date
1. Purchase order for equipment completed.	
2. Equipment manufactured, shipped and delivered to Ketchikan.	
3. City of Ketchikan Fire Marshall Plan Review and Building Permit	05/01/2010
4. Minor remodel complete	06/01/2010
5. Equipment delivered on-site and installed.	07/01/2010
6. Staff training completed.	07/01/2010
7. Equipment fully operational.	07/15/2010
8. Purchase, deliver and fill Grab n' Go cylinders.	07/15/2010
9. Switch over to new system complete.	08/01/2010

641-B. Project Performance Analysis (add line items to the chart as appropriate):

2009 Project Budget Line Items:	Approved Budget:	Actual Cost:	Scheduled Completion Date:	Actual Work Performed:
Equipment, Installation, Training and Service Contracts	\$337,097.54	\$168,548.77	8/01/2010	Purchase order signed, 50% payment rendered, equipment manufactured, shipped, delivered to Ketchikan.
Minor Remodel	\$15,000.00		6/01/2010	Upgrade of electrical and minor remodel to accommodate equipment to occur shortly pending Fire Marshall and Building permits.
Grab n/ Go Cylinders			7/15/2010	Estimated cost of \$10,250.00 inadvertently left out of grant budget. Supplies to be purchased in July 2010.
Totals:	\$352,098.00	\$168,548.77		

641-C. Facility Certification:

The preparer of this report, by signing below, certifies on behalf of his or her employer that the information contained herein is accurate and complete to the best of his or her knowledge.

Karen Wolfred
Signature

April 15, 2010
Date

Karen Wolfred, Special Projects
Printed Name and Official Title

Form 642

**ASHNHA's Quarterly Reporting Form
Covering 2009 Denali Commission Projects
Numbered 1150 – A through G**

Please Use this Form to File Your Facility's Quarterly Narrative Progress Report
And /Or Make a Fund Disbursement Request

Project Name: Oxygen Generation System

Hospital: ASHNHA Program Services Community – Ketchikan General Hospital

Reporting Period: **January 1, 2010 through March 31, 2010**

Denali Commission Grant No.: 1150 – A(1)

A. Project Narrative (use additional pages as necessary):

1. What is the status of your 2009 "Primary Care in Hospitals" project as of March 31, 2010?
(Please list all project phases completed or milestones achieved during the report period.)

Project work on hold pending City of Ketchikan Fire Marshall review and receipt of building permit and notice to proceed to remodel the area for the new Oxygen Generating System – expected by 5/1/2010.

2. Is your 2009 project on schedule? If not, what kind of problem(s) does the delay present? How will this be dealt with? Will the delay potentially extend the project beyond 9/30/2011?

Waiting for City of Ketchikan Fire Marshall review and building permits before beginning minor remodel and equipment installation.

3. Is the 2009 project on budget, or over or under budget? If over budget, how will this be dealt with? What funds is your facility using to cover the additional project costs?

Project is on budget as discussed in previous quarterly reports.

4. Other comments, problems and solutions:

None

B. Project Fund Disbursement Request

We are requesting ASHNHA to release \$ 0 in Denali Commission Grant Funds for our project at this time. *This funding request is either:*

1. / a request for an Advance against Commission Project Grant Award Funds; **or**
2. / a request for Reimbursement from Project Grant Award Funds in order to cover project expenses incurred by our hospital during the reporting period.

(Copies of all invoices submitted and checks written in payment must accompany any request for reimbursement; copies of purchase orders or other commitment documents must accompany any request for an advance).

Lisa Mattson

From: Debbie Silva [debbie@ASHNHA.com]
Sent: Tuesday, April 20, 2010 10:14 AM
To: 'Lisa Mattson'
Cc: 'Rod Betit'
Subject: FW: DC Grant 01150 - A2 Quarterly report



doc2010010 pre-instal pre-instal pre-instal pre-instal O2 generator O2 generator
438.pdf (528 ks 1 rs.jpg (64 rs.jpg (64 rs.jpg (64 rs.jpg (48 KB)k connect. rs



O2 generator O2 generator
ternal view rs.nel rs.jpg (58

Lisa and Rod: I got a bit confused on this. Since Petersburg is a part of a consortium, I just marked all four hospitals as continuing to need to report when, indeed, Petersburg at least was complete. We can correct that this time. I will need this info next Monday.

Randall

-----Original Message-----

From: Carol Doser [mailto:ctdoser@pmc-health.org]
Sent: Monday, April 19, 2010 1:20 PM
To: Debbie Silva
Subject: FW: DC Grant 01150 - A2 Quarterly report

Randall,

You keep surprising me by showing up - it's always a pleasure!! Sorry I didn't get to you sooner - I was out of town

I closed and sent the report for the oxygen generating system last quarter. If I was to complete another report I apologize for not knowing this. I have re-sent the report with photos that was sent to Lisa in January. Please let me know if you require additional information.

Good to hear from you
Carol

-----Original Message-----

From: Carol Doser
Sent: Wednesday, January 06, 2010 4:12 PM
To: 'lisa@ashnha.com'
Subject: DC Grant 01150 - A2 Quarterly report

Lisa,

Attached is the quarter report for the Oxygen Generating Systems and photos of the project.

Please let me know if you need a hard copy of the report and I will send it to you.

Thanks,

Carol T Doser
Administrative Assistant

Petersburg Medical Center
907-772-4291 x197

-----Original Message-----

From: BO_COPIER@pmc-health.org [mailto:BO_COPIER@pmc-health.org]
Sent: Wednesday, January 06, 2010 5:05 PM
To: Carol Doser
Subject:

KM-4050
[00:c0:ee:1f:28:ce]





